

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

**FLING DATE**

**APPLICANT(S)**

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1					
2		1			
3		1			
4		1			
5		1			
6		1			
7		1			
8		1			
9		1			
10		1			
11		1			
12		1			
13		1			
14		1			
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49					
50					
TOTAL IND.	1				
TOTAL DEP.	18	←	←	←	←
TOTAL CLAIMS	9	██████████	██████████	██████████	██████████

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						